



## **Are they buying what you're selling?**

**An inside look at what Health Plans need from Community Based Organizations**



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[www.nasud.org](http://www.nasud.org)

# Today's Presenter

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**CENTENE**<sup>®</sup>  
*Corporation*

# Objectives:

- Understand what health plans look for when working with Community Based Organizations
- Understand how you may maximize your partnerships with health plans
- Understand where Community Based Organizations and health plan goals align

# Centene's Purpose



Transforming the health of the community  
one person at a time

## OUR MISSION

Better health outcomes at lower costs

## OUR BRAND PILLARS

Focus on individuals + Active Local Involvement + Whole Health

## OUR BELIEFS

- We believe in treating the whole person, not just the physical body.
- We believe treating people with kindness, respect and dignity empowers healthy decisions.
- We believe we have a responsibility to remove barriers and make it simple to get well, stay well and be well.
- We believe local partnerships enables meaningful, accessible healthcare.
- We believe healthier individuals create more vibrant families and communities.

# Centene Overview

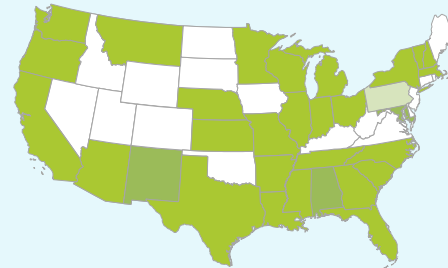
## WHO WE ARE



## St. Louis

based company founded in  
Wisconsin in 1984

## WHAT WE DO



With government sponsored healthcare programs & implementations, including:

**Medicaid**  
(24 states)

**MLTSS & MMP**  
(9 States)

**MA SNP**  
(6 States)

**ABD Non-Dual**  
( 17 States)

# 30,900 employees

**#66**  
on the  
Fortune 500 list

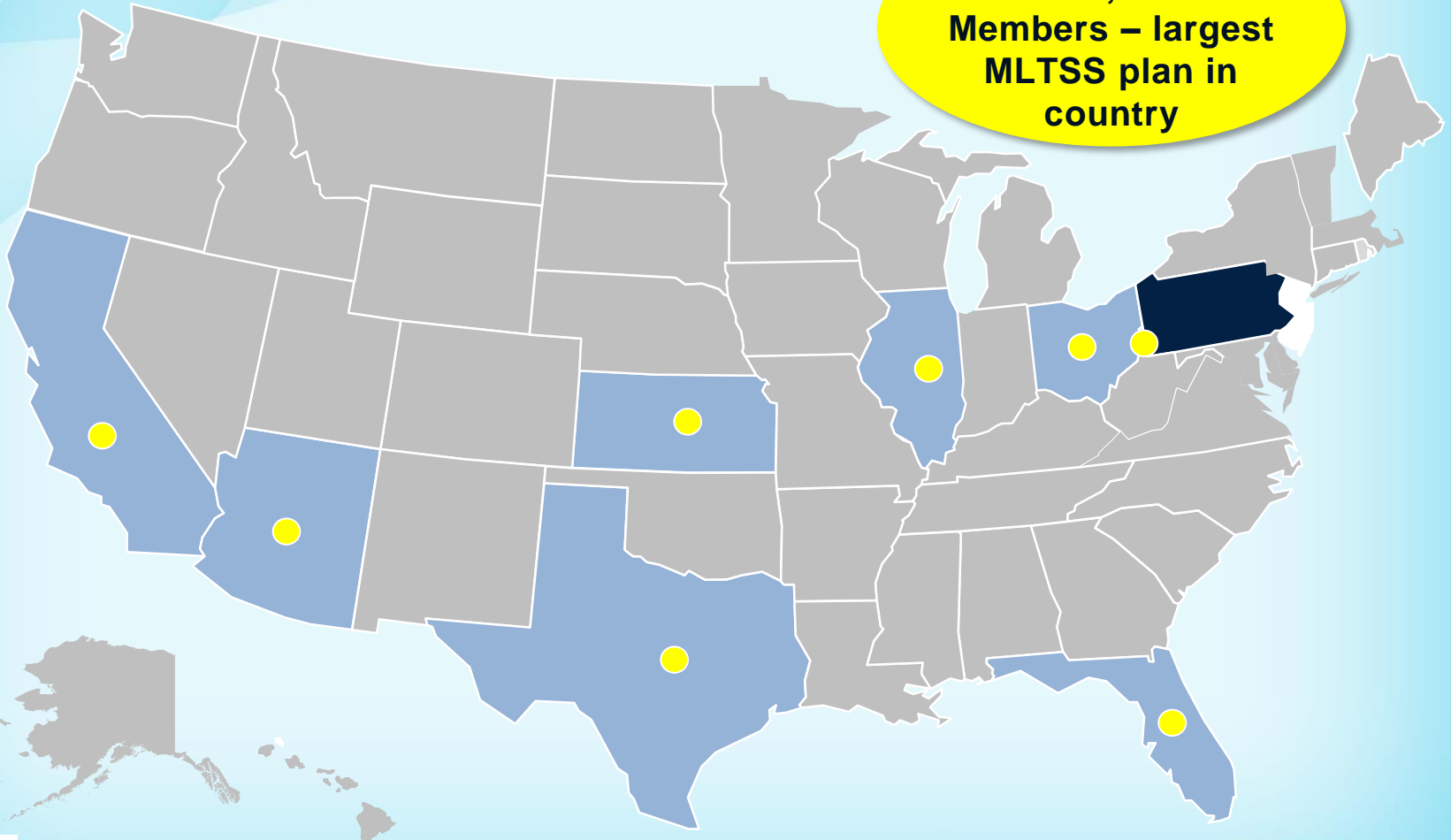
**#4**  
Fortune's Fastest  
Growing Companies  
(2015)

**12.1 million members**  
**28 states**  
**2 international markets**

# Long-Term Services and Supports

■ Go live 2018

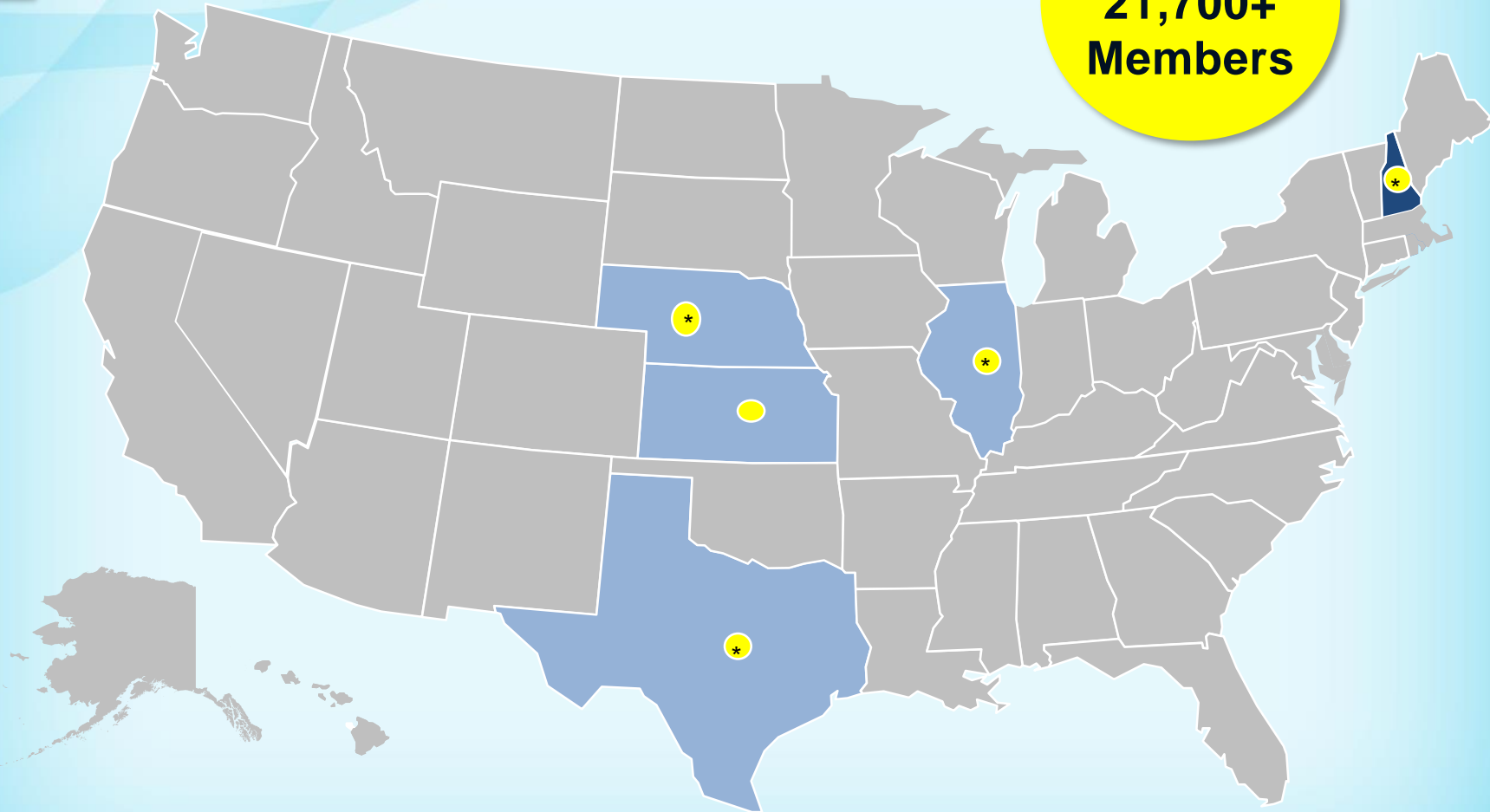
**7 States**  
**215,000**  
**Members – largest**  
**MLTSS plan in**  
**country**



# Intellectual and Developmental Disabilities

■ *I/DD LTSS go-live date to be determined*

**5 States  
21,700+  
Members**

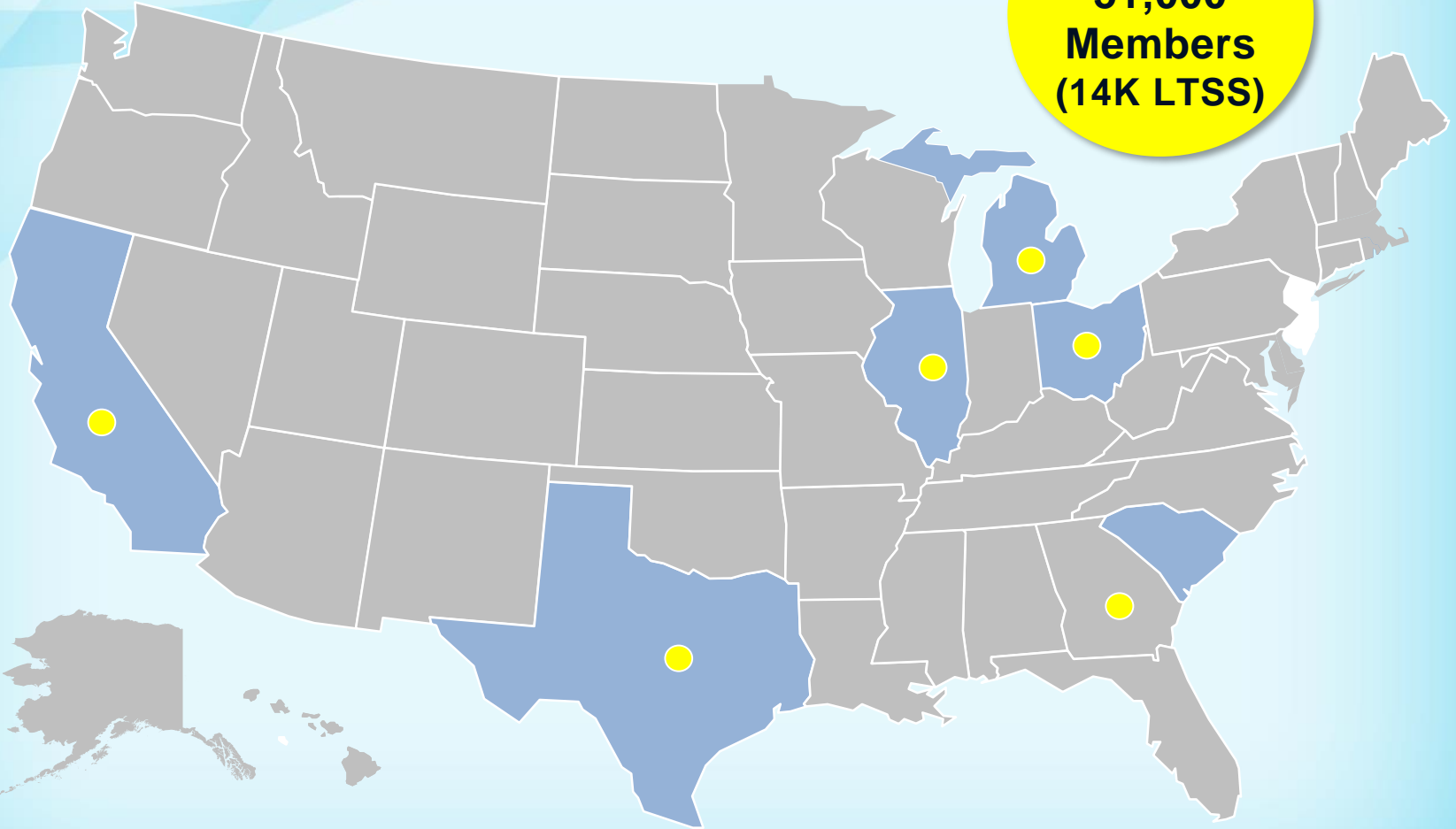


\* IL, NE, NH and TX cover acute services only; TX also covers habilitation services under the Community First Choice waiver

# Medicare Medicaid Plans

(Dual Demonstrations)

**6 States**  
**51,000**  
**Members**  
**(14K LTSS)**





# Essential Elements of MLTSS

1. Adequate Planning and Transition Strategies
2. Stakeholder Engagement
3. Enhanced provision of Home and Community Based Services
4. Alignment of Payment Structures with MLTSS Programmatic Goals
5. Support for Beneficiaries
6. Person-centered Processes
7. Comprehensive and Integrated Service Package
8. Qualified Providers
9. Participant Protections
10. Quality

Source: CMS - Summary - Essential Elements of Managed Long Term Services and Supports Programs

# Definition of Community Based Organization

CBO is a broad term to describe local organizations that offer community living services and supports to advance the health, well-being, independence, and community participation of people with disabilities and older adults.

CBOs include Centers for Independent Living, developmental disability organizations, University Centers for Excellence in Developmental Disabilities Education, Research & Service, behavioral health organizations, Protection and Advocacy Agencies, Aging and Disability Resource Centers, Area Agencies on Aging, aging services organizations, faith-based organizations, Native American tribal organizations (American Indian/Alaskan Native/Native Hawaiian), nutrition program providers and other local service providers for persons with disabilities and/or older adults.

# Why managed care needs you...

- Local Approach
- Touch members regularly
- Key to community integration/quality of life
- Know how to access resources/deep knowledge of communities

# Making sense out of CBO contracts vs. relationships

- Contracts: Adult Day Care, Home Delivered Meals, Emergency Home Response System, Developmental Disability organizations, Behavioral Health organizations
- Relationships: Local churches, synagogues, food pantries, Protection and Advocacy agencies
- Could be either or both: YMCA, Aging and Disability Resource Centers, CILs, Faith-based organizations, AAAs, Native American tribal organizations

# What a MLTSS health plan seeks in a CBO...

- Value person-centered choices
- Keep members where they want to live
- Ensure community integration
- Ensure all health needs met
- Ensure high quality

# How we support our members to lead their own healthcare

## Person Centered Approach

- Members taking the lead in all aspects of their life.
- Integrating care through choice
- Linking members and families to chosen medical and non-medical community resources

# Keeping members where they want to live

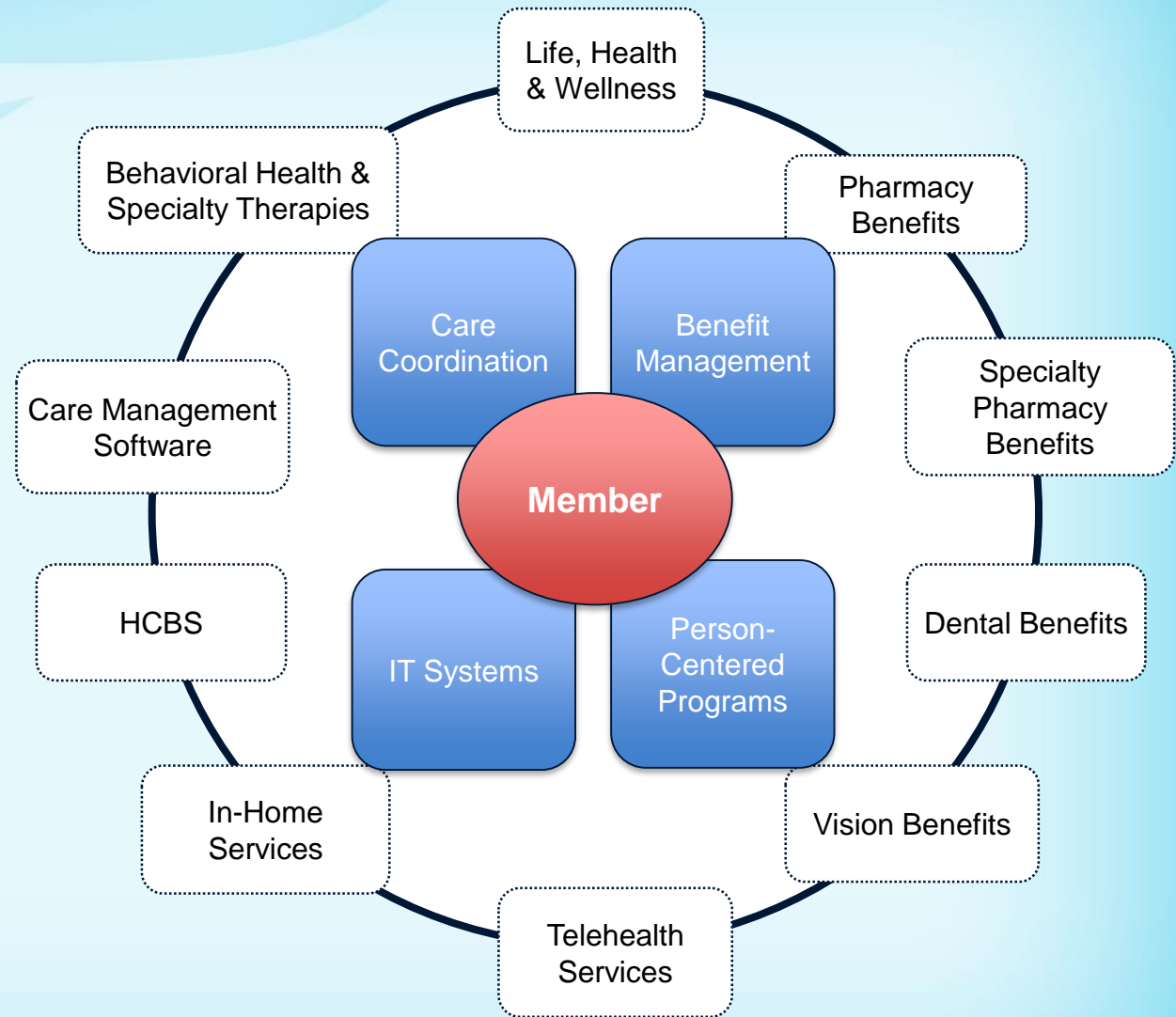
Making  
Community  
Living a  
Reality  
through  
Integration

- Engaging Community Based Organizations
- CILs/AAAs, Developmental Disability Providers
- Caregiver support services
- Direct care workforce initiatives
- Employment/Volunteer activities
- Identification of triggers for nursing facility admits
- Hospital and nursing home readmit initiatives
- Affordable and accessible housing initiatives

# Ensuring all health needs are met

## Total Solution Integration

- Physical Health
- Behavioral Health
- Pharmacy Services
- LTSS Services





# Ensuring High Quality

- Quality of Life
- Transition to Most Integrated Setting
- Integration Risk Factors
- HEDIS
- Person Centered Planning and Coordination
- Satisfaction
- Social Determinants of Health

# CBO partnerships = reaching goals

Partner	Activities	Goal Achieved
CILs	Peer support, Home Modifications	Transitions, Keeping consumers in the home
Community Rehabilitation Providers, local businesses	Project Search	Quality of life, Integrated in Community, Community Living
AAAs	Falls Prevention and Caregiver Support Programs	Reducing hospitalizations and caregiver burnout
Home Care	Caregiver Alert Pilot	Decreased hospitalization, increased PCP visits
Technology	Remote monitoring (e.g. motion, contact, bed, and toilet sensors) and analytic services	Reducing avoidable, costly transitions in care
PERS	24/7 communication for emergent and non-emergent needs	Promotes safety and independence, Keeping members in their home

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**“I want you to find a bold and innovative way  
to do everything exactly the same way  
it’s been done for 25 years!”**

# How we accomplish our purpose and implement our model....

- Through partnerships with CBOs:
  - Mission Driven
  - Quality Driven
  - Local Approach
  - Creative Contracting

# Finding the right CBO for partnership

*Building relationships with a broad-base of community organizations driven by individuals with lived disability and aged experience is the cornerstone of our approach.*

- Partnerships that ensure members have access to integrated, holistic, person-driven support
- Partnerships that will incentivize high-quality care, facility diversion, and timely and effective transitions.
- Partnerships that will also include LTSS-tailored programs, health and wellness incentives and community integration services

# Local connections are the foundation of how we do our best work

- Our local partnership strategy builds on, rather than supplants, local assets
- We know that a local approach enables us to provide accessible, high quality and culturally sensitive services
- We build on local assets to reduce fragmentation and support locally grown innovation, ultimately improving efficiencies while addressing unmet needs

# Making the partnership work

- Signing the contract is the easy part
- Putting the plan in motion and getting expected results is the hard part
- Ensuring the supports needed to be able to know your data and take action
- Tweaking best practices, evidenced based practices and outcome based practices for shared goals
- Leveraging expertise, don't re-invent wheels
- Using facility/staff at the top of their license
- Continuous assessment and monitoring
- Listening, respecting and engaging during all phases

# Making the most of a partnership...

- Helping each other fulfill our missions
- Reaching performance, regulatory and quality goals
- Learn about us - find out where your strengths helps us fill our gaps
- Knowing your own strengths and show through data how they will result in what you expect to get out of the relationship
- Does not always have to be a budgetary ROI
  - Many times regulations may drive your cause
  - Or...it is just the right thing to do



# How do you even get started?

- **Who to contact:** Find out who to talk to; do your research.
- **Top things to prepare:** Know what you are going to say, know your goal, but be open to what may come out of the conversation.
- **Reality Check:** Know what the expectations are from the state contractors for all parties involved. What innovations are encouraged and what is sensitive.
- **Now or later:** Is this a good time?
- **Purpose:** What do you hope to accomplish?
- **People as resources:** 6 degrees of separation, who do you know that can be a resource or asset?
- **Priorities:** What is most important?

# Ensuring Success

- **Think big:** What can you do beyond the basics?
- Finding out what is important to the MCO. **Asking questions and listening**, while keeping your goals in mind.
- How will you **reach the goal**?
- Is it **Scalable**?
- **Show your Value.** What do you bring to the table that the MCO wants or needs, or can do cheaper or more efficient? Use data...show how you perform.



# PARTNERSHIP

"You give me half the fish, and I'll tell my mom to let you live."

<https://kathrynwarmstrong.wordpress.com/tag/a-new-definition-of-partnership/>

# Thank You!



<http://www.nasuad.org/initiatives/business-acumen-disability-organizations-resource-center>

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